

West Side High School Dante Dean Memorial Training Room

An Honors Thesis (HONRS 499)

By

Heather M. Smott

Tony E. Cox

A handwritten signature in black ink, appearing to read "T. E. Cox", written over a horizontal line.

Ball State University

Muncie, Indiana

April, 2001

May 5, 2001

Acknowledgements

First, I need to thank God for everything in my life. Next, I have to thank Tony Cox for supporting me throughout this project, even when I changed my topic! To all my fellow athletic trainers, both staff and students, I thank you for a tremendous four years. You have helped to make me who I am! To my family and friends, thank you for everything. And finally, this project is dedicated in loving memory of Dante Dean. My guardian angel, without you I would not be here. Thank You!

Scenario

You are an assistant ATC at a large community high school (Central High) just outside of the metropolitan area of a big city. Your facilities are good and the school's support of athletics and the athletic training program has been great. Due to the recent growth and expansion of the area, the township is building a second high school.

You have earned the promotion to head athletic trainer at the new high school (West Side High). The assistant Athletic Director at Central High is now your Athletic Director at West Side High. He has assured you that the facilities at West Side will be even better than at Central High and the support will be at the same great level.

Your Athletic Director tells you that the training room design for West Side was based largely on that of Central's training room. It is approximately 1200 square feet. He tells you that all plumbing, electricity, and lighting will be at the proper levels and locations. He tells you that many features in this training room are being installed during construction to save on overall cost. These features include an ice machine, 2 in ground whirlpools, and taping tables. You are also told that there are plenty of cabinet, counter, and storage space being built in. Your Athletic Director apologizes for the fact that the built in features will dictate the overall layout of the training room.

The athletic department budget has purchased an Automated External Defibrillator, an oxygen unit, and 15 Motorola Talk About 250 2-way radios for the training room as part of the district's policy for health and safety. The athletic department has also purchased the training room office desk, chair, filing cabinet, 2-line phone, and computer with printer. You also have access to a fitness center that is being built next to the training room. It will contain treadmills, stationary bikes, and Stairmasters. The Athletic Department has also decided to participate in the Gatorade Sideline program. The Athletic Department will purchase the required 3 cases of Gatorade powder per year. The training room will receive the 2 seven gallon coolers, 2 five gallon coolers, 5,000 8oz. Cups, 12 towels, 6 shirts, 12 hats, 2 spoons, and the cup carrier and cover.

Your Athletic Director gives you a rough layout of the above features and tells you that your equipment budget is around \$17,000-25,000. Your supply budget will be \$7,000-11,000. He asks that you submit two different budget ideas covering these amounts, and a facility layout that includes all the built in features and the equipment you are planning on purchasing. He also asks that you submit a copy of all forms that you plan on using in your new facility.



West Side High School Dante Dean Memorial Training Room



Outline of Contents

Title Page	Orthopedic History Questionnaire
Acknowledgements	Summary Injury Report
Abstract/Scenario	Injury Referral Form
Budgets	Evaluation Form
Supply, high end	Exercise Sheet
Equipment, high end	Progress Note
Supply, low end	Individual Ultrasound Treatment Log
Equipment, low end	Individual Ultrasound/Stim Combo
Floor plan	Treatment Log
Forms	Individual Electrical Stimulation Treatment
Intro	Log
Intro to yearly forms	Daily Treatment Log
Medical History Questionnaire (6p)	Daily Injury Report
Insurance Information (2p)	Weekly Injury Report
Authorization for release of medical	Physical and Travel Card Examples
Information	Additional Information Sheet
Authorization for release of medical	References Used
information to the media	
Assumption of Risk	
Summary	
Orthopedic Exam Form (2p)	

High End Supply Budget

NAME	Company	Item #	QUANT	COST	TOTAL
1 1/2" Coach tape	Medco	84020	40	\$38.50	\$1,540.00
2" lightplast tape	Medco	84792	15	\$45.95	\$689.25
" elastoplast	MBM	BF4412	5	\$54.95	\$274.75
3" elastikon	MBM	JJ5171	5	\$52.00	\$260.00
1/2" zonas tape 24 rolls/bx	Medco	85400	5	\$12.80	\$64.00
1" zonas tape 12 rolls/bx	Medco	85420	5	\$12.80	\$64.00
1" elastikon tape 12 rolls/bx	Medco	84400	6	\$14.95	\$89.70
Heel and lace pads	Medco	63540	6	\$15.80	\$94.80
Flexi-wrap w/handle	Medco	17880	3	\$27.50	\$82.50
Flexi-wrap no handle	Medco	17890	2	\$26.95	\$53.90
Ace-wraps--4"	Medco	36360	6	\$2.70	\$16.20
Ace-wraps--6"	Medco	36370	6	\$4.00	\$24.00
Double wraps--4" 6/bx	MBM	CONO3841	1	\$29.95	\$29.95
Double wraps--6" 6/bx	MBM	CONO3861	1	\$44.95	\$44.95
Ace wraps 2"	Medco	39602	5	\$1.70	\$8.50
Ace Wraps 3"	Medco	39603	5	\$2.30	\$11.50
1" strip bandages 1300/case	Medco	21048	1	\$39.00	\$39.00
4-wing bandages 50/bx	Medco	10559	3	\$9.95	\$29.85
knuckle bandages 100/bx, 1200/case	Medco	10795	2	\$77.75	\$155.50
cover-strips 1/4" 50 pouches of 6	Medco	20580	2	\$61.60	\$123.20
cover-strips 1/8" 50 pouches of 8	Medco	20590	2	\$61.60	\$123.20
Butterfly closures 100/bx (Medium)	Medco	20380	1	\$6.45	\$6.45
2nd skin(circles)	MBM	SM10-603	1	\$33.00	\$33.00
Shark cutter blades	Medco	76340	8	\$2.85	\$22.80
Disposable penlites	Medco	61460	1	\$7.35	\$7.35
7 oz paper cups 100/bx	MBM	ZCP77	10	\$4.50	\$45.00
Ice bags, 750/roll 1.25 mil, 12"x24"	Medco	29622	8	\$61.70	\$493.60
Gauze pads--3x3 24bx of 100	Medco	10836	1	\$132.60	\$132.60
Telpha pads, non adhesive 3"x4" 100/bx	MBM	ZGP15	2	\$10.10	\$20.20
Telpha pads, adhesive 3"x4" 100/bx	MBM	ZGP30	5	\$9.95	\$49.75
Nose plug Dispenser	Medco	10590	1	\$12.95	\$12.95
Nose plugs, 2000/bx	Medco	10664	1	\$19.95	\$19.95
Tongue depressors, 500/bx	MBM	ZTD02SR	1	\$5.65	\$5.65
cotton-tipped applicators, 100/bx	MBM	ZAP01	5	\$0.60	\$3.00
Foam	Medco	63460	3	\$8.30	\$24.90
Bacitracin, 4oz tube	Medco	68390	10	\$5.10	\$51.00
Skin Lube 5 lb jar	Medco	59160	3	\$24.00	\$72.00
Kleenex case of 36 boxes 100/bx	Medco	65601	1	\$39.65	\$39.65
Latex gloves M	MBM	PRY62002	3	\$6.95	\$20.85
Latex gloves L	MBM	PRY62003	3	\$6.95	\$20.85
Pre wrap, M-wrap 48 rolls	Medco	92080	5	\$24.95	\$124.75
Peroxide(16oz) case of 12	Medco	33905C	1	\$9.15	\$9.15
Peroxide(8oz) case of 12	Medco	33904C	1	\$7.15	\$7.15
Swede-O Trim Lok ankle braces M	Medco	15137	10	\$17.25	\$172.50
Swede-O Trim Lok ankle braces L	Medco	15138	10	\$17.25	\$172.50
Swede-O Trim Lok ankle braces XL	Medco	15139	10	\$17.25	\$172.50
Swede-O Trim Lok ankle braces S	Medco	15136	10	\$17.25	\$172.50
Tuf-Skin 10 oz	Medco	12390	5	\$6.00	\$30.00
De-hesive Spray 8 oz	Medco	86020	1	\$7.40	\$7.40
Tape Remover Pint	Medco	86120	2	\$6.00	\$12.00
Maximum Strength Flexall 7 lb dispenser	Medco	13185	1	\$69.80	\$69.80
heragesic 1 lb Bottle	Medco	13410	6	\$8.45	\$50.70
Biofreeze Gallon dispenser	School Health	43-067	1	\$92.95	\$92.95
AED Training electrodes	Medco	92007	1	\$25.00	\$25.00
AED Electrodes	Medco	92009	2	\$32.00	\$64.00

Dispatch 64oz refill	MBM	CMS568973	1	\$12.75	\$12.75
Isopropol Alcohol, 12 16oz bottles/case	Medco	33901C	10	\$9.95	\$99.50
Paper Towels, 150/pack 16 packs/carton	School Health	21-135	3	\$39.95	\$119.85
Dial Soap Dispenser Refills, liter	School Health	34-054	2	\$7.25	\$14.50
Tampax Tampons, 40/bx	MBM	ZTN080	2	\$6.65	\$13.30
Lotex Thin Super Maxi Pads, 22/bag	School Health	22-012	4	\$6.15	\$24.60
Electrodes, stim 2x2 4/pack	Medco		25	\$6.40	\$160.00
Ultrasound Gel, 5L with 8oz dispenser	Medco	71670	1	\$20.95	\$20.95
Biohazard Bags, 24"x24" 250/case	Medco	10528	1	\$7.85	\$7.85
Biohazard Bags, 24"x33" 250/case	Medco	10565	1	\$10.30	\$10.30
Paraffin Refills, case of 6 6lb bars	Medco	49121C	1	\$127.50	\$127.50
I-Prin, box of 500	Medco	69150	1	\$26.65	\$26.65
APAP-Extra Strength, Box of 500	Medco	68245	1	\$18.85	\$18.85
Diotame Tablets, box of 500	Medco	68900	1	\$45.95	\$45.95
Diamode tablets	Medco	70663	1	\$22.95	\$22.95
Sudodrin, box of 1000	Medco	70020	1	\$35.50	\$35.50
Diphen, box of 200	Medco	68825	1	\$10.95	\$10.95
Cepacol Lozenges. Case of 648	School Health	44-034	1	\$38.50	\$38.50
Heat Guard	Medco	38410	1	\$17.95	\$17.95
FosFree, Bottle of 500	Medco	38510	1	\$44.90	\$44.90
Disposable Scalpels, Sterile #10 blade (10/bx)	School Health	36-037	4	\$8.95	\$35.80
Moleskin Rolls, 2"x 25yd	School Health	29-053	3	\$18.50	\$55.50
Orthoplast II	Medco	80356	3	\$185.00	\$555.00
Temper Stick Foam, case of 50	KGM	TS-500	2	\$159.00	\$318.00
Felt, variety pack	School Health	29-060	5	\$10.50	\$52.50
Alcohol Prep Pads, 200/bx	Medco	57500	3	\$2.75	\$8.25
Betadine Swabs, 200/bx	School Health	49-024	1	\$32.95	\$32.95
Saline Solution, 12 oz	School Health	34-121	3	\$3.95	\$11.85
Sting Kill Swabs, 10/bx	School Health	49-008	2	\$1.95	\$3.90
Hydocortisone cream 1%, 1oz tube	MBM	ZHC01	2	\$2.35	\$4.70
Vaseline Intensive Care Lotion, 24.5 oz pump	Medco	94200	3	\$8.35	\$25.05
Palmer's Cocoa Butter 7.25 oz	Medco	69003	2	\$7.20	\$14.40
Office Supplies				\$200.00	\$200.00
Miscellaneous Supplies				\$100.00	\$100.00
Emergency Fund				\$1,500.00	\$1,500.00

Total Supply Budget

\$9,874.40

Equipment Budget, High End

Item	Catalog	Catalog #	Unit	Price/Unit	Total Price
Whitehall Mobile Extremity Whirlpool tool	Seneca Medical	805051	1	\$2,085.00	\$2,085.00
GE Refridgerator & Freezer	Staples	UNC-211-S	2	\$58.00	\$116.00
10-gal Coolers (Gatorade)	School Health	15-002	1	\$460.00	\$460.00
7-gal Coolers(gatorade)	Medco	73103	4	\$49.95	\$199.80
5-gal Coolers (Gatorade)	Medco	73060	8	\$41.95	\$335.60
3-gal Coolers (gatorade)	Medco	73102	6	\$31.50	\$189.00
Water bottles (gatorade)	Medco	73021	10	\$24.95	\$249.50
Water bottle rack (gatorade)	School Health	38-081	150	\$1.50	\$225.00
Rubbermaid Utility Cart	Medco	21105	30	\$9.00	\$270.00
Ice Chests (gatorade)	Medco	23220	1	\$193.75	\$193.75
Bailey Treatment Tables	School Health	38-085	5	\$30.00	\$150.00
Utility Carts (Modality Carts)	Medco	83572	4	\$433.00	\$1,732.00
TENS Unit	KGM	359	2	\$157.00	\$314.00
Intelect Legend Combo Unit, 4 channel	Medco	71685	2	\$115.00	\$230.00
Intelect Soundhead 2cm	Medco	7550	1	\$3,150.00	\$3,150.00
Aircast, right	Active Athlete	250006	1	\$221.00	\$221.00
Aircast, left	MBM	AC02A	5	\$32.95	\$164.75
Aluminum Crutches, adult	MBM	AC02A	5	\$32.95	\$164.75
Aluminum Crutches, tall	MBM	CAR23200	5	\$22.00	\$110.00
Slings, large (dz)	MBM	CAR23100	3	\$22.00	\$66.00
Sam splint	Medco	16460	1	\$48.60	\$48.60
Rapid vaccum splints	Medco	33524	3	\$13.30	\$39.90
Cryo/cuff full--ankle	MBM	CR013491	1	\$318.00	\$318.00
Cryo/cuff full--shoulder	Medco	29305	2	\$106.50	\$213.00
Cryo/cuff knee M	Medco	29322	1	\$119.75	\$119.75
Cyro/cuff knee L	Medco	29320	1	\$62.50	\$62.50
Hydrocollator, M2	Medco	29319	1	\$62.50	\$62.50
Terry Cover rack For Hydrocollator Covers	Medco	48400	1	\$1,150.00	\$1,150.00
Terry Covers for Hot Packs, Standard	Medco	23260	1	\$50.40	\$50.40
Neck Contour cover	Medco	48940	8	\$32.00	\$256.00
Neck Contour Hot Pack	School Health	37-044	3	\$23.25	\$69.75
Wooden Crutches, x-tall	School Health	37-001	3	\$15.25	\$45.75
Cervical Collars	Medco	33385	2	\$22.65	\$45.30
Foam Collars, short	School Health	41-161	2	\$11.95	\$23.90
Foam Collars, tall	Medco	62125	3	\$8.15	\$24.45
Tape Measures	Medco	62120	3	\$8.60	\$25.80
Digital Sling Psychrometer	School Health	90-280	2	\$3.50	\$7.00
Thermo-hygrometer Pen	Medco	68520	1	\$85.65	\$85.65
Plastic Goniometer	Medco	68522	1	\$42.95	\$42.95
Medic-Kit Three Cuff System (BP)	Medco	87700	1	\$21.60	\$21.60
Digital Thermometer	Medco	50018	1	\$113.00	\$113.00
Probe covers (100)	Medco	88000	2	\$8.45	\$16.90
Snellen Eye Chart	School Health	21-051	2	\$2.90	\$5.80
Tuning Forks (C-256)	Medco	87570	1	\$8.60	\$8.60
Reflex Hammer	Medco	88110	1	\$10.80	\$10.80
Medco Filled Instrument Kit	Medco	87780	2	\$3.50	\$7.00
Callous File	Medco	19155	1	\$42.75	\$42.75
Ring Cutter	Medco	41300	1	\$4.00	\$4.00
Nail Drill	Medco	75730	1	\$12.50	\$12.50
toenail Clippers	Medco	75360	1	\$37.00	\$37.00
fingernail Clippers	Medco	76480	5	\$1.55	\$7.75
Trainers Angel	Medco	75340	10	\$1.05	\$10.50
FM Extracter	Medco	47615	1	\$33.50	\$33.50
	Medco	56879	1	\$125.99	\$125.99

Emergency Shears	Medco	75744	1	\$29.95	\$29.95
Health-O-Meter Scale	School Health	58-008	1	\$285.00	\$285.00
Plastic Ice Scoops	Medco	73010	2	\$6.20	\$12.40
Elgin Cuff Weights Economy Set w/rack	Medco	93710	1	\$320.00	\$320.00
Elgin Cuff Weights 7 1/2#	Medco	93600	1	\$20.50	\$20.50
Elgin Cuff Weights 10#	Medco	93610	1	\$24.70	\$24.70
Three Tier Dumbbell Weight Rack	Medco	93000	1	\$95.00	\$95.00
Vinyl Coated Dumbbells 1#	School Health	61-135	2	\$3.50	\$7.00
Vinyl Coated Dumbbells 2#	School Health	61-136	2	\$4.50	\$9.00
Vinyl Coated Dumbbells 3#	School Health	61-137	2	\$5.75	\$11.50
Vinyl Coated Dumbbells 4#	School Health	61-138	2	\$7.00	\$14.00
Vinyl Coated Dumbbells 5#	Medco	93775	2	\$8.50	\$17.00
Vinyl Coated Dumbbells 6#	Medco	93731	2	\$9.60	\$19.20
Vinyl Coated Dumbbells 7#	Medco	93732	2	\$11.00	\$22.00
Vinyl Coated Dumbbells 8#	Medco	93733	2	\$13.00	\$26.00
Vinyl Coated Dumbbells 9#	Medco	93734	2	\$14.25	\$28.50
Vinyl Coated Dumbbells 10#	Medco	93735	2	\$17.00	\$34.00
BAPS Board	Medco	71066	1	\$433.55	\$433.55
Progressive Incline Board	Medco	71346	1	\$172.50	\$172.50
VHI Exercise & Rehab RX Kit	Medco	71082	1	\$199.95	\$199.95
Closed Chain Section (Cards)	Medco	71083	1	\$59.95	\$59.95
Portable Treatment Tables	Medco	83260	1	\$318.75	\$318.75
Knee Immobilizers, 18.5 inch length	Medco	54525	1	\$29.95	\$29.95
Knee Immobilizers, 20 inch length	Medco	55890	1	\$29.95	\$29.95
Knee Immobilizers, 24 inch length	Medco	55900	1	\$36.75	\$36.75
Professional Exercise Table (N-K table)	Active Athlete	320345	1	\$1,335.00	\$1,335.00
Oakworks Swivel Stools, Hi Range	Oakworks		2	\$95.00	\$190.00
PlyoBack, package II	Medco	55016	1	\$775.00	\$775.00
Digi-Flex set of 5	MBM	ROYA39710	1	\$68.45	\$68.45
Pro Fitter	MBM	PROFITTER	1	\$479.00	\$479.00
Thera-Band Exercise Balls, Red	Medco	71075	1	\$19.10	\$19.10
Thera-Band Exercise Balls, Green	Medco	71076	1	\$24.00	\$24.00
Thera-Band Exercise Balls, Blue	Medco	71077	1	\$29.30	\$29.30
Thera-Band Hand Exerciser, Yellow	Medco	91891	1	\$6.50	\$6.50
Thera-Band Hand Exerciser, Red	Medco	91892	1	\$6.50	\$6.50
Thera-Band Hand Exerciser, Green	Medco	91893	1	\$6.50	\$6.50
Thera-Band Hand Exerciser, Blue	Medco	91894	1	\$6.50	\$6.50
Theraputty, Yellow	Medco	91355	1	\$3.95	\$3.95
Theraputty, Coral	Medco	91365	1	\$3.95	\$3.95
Theraputty, Blue	Medco	91375	1	\$3.95	\$3.95
TheraBand 50yd/roll, Red	School Health	61-007	1	\$57.95	\$57.95
TheraBand 50yd/roll, Green	School Health	61-008	1	\$63.95	\$63.95
TheraBand 50yd/roll, Blue	School Health	61-009	2	\$71.95	\$143.90
TheraBand 50yd/roll, Black	School Health	61-010	2	\$78.95	\$157.90
TheraBand 50yd/roll, Silver	School Health	61-011	1	\$100.95	\$100.95
TheraBand 50yd/roll, Gold	Medco	91510	1	\$135.80	\$135.80
TheraBand Tubing 25 ft/bx, Red	Medco	91660	2	\$10.50	\$21.00
TheraBand Tubing 100 ft/bx, Green	School Health	61-025	1	\$36.50	\$36.50
TheraBand Tubing 100 ft/bx, Blue	School Health	61-026	1	\$40.95	\$40.95
TheraBand Tubing 25 ft/bx, Black	Medco	91690	2	\$14.00	\$28.00
TheraBand Tubing 25 ft/bx, Silver	Medco	91695	1	\$16.50	\$16.50
Step Up Box 12 inch height				\$25.00	\$25.00
Parafin Bath	Medco	49100	1	\$187.80	\$187.80
Plastic First Aid Kits			15	\$15.00	\$225.00
MedBrief	MedPac		1	\$149.90	\$149.90
Telephone, 2-line, cordless	Staples		1	\$140.00	\$140.00
Prone Pillow	KGM	4206	1	\$76.00	\$76.00
Unlabeled Sundry Jars	Medco	31120	10	\$9.20	\$92.00

Pillows, Standard			4	\$10.00	\$40.00
Pillowcases			8	\$5.00	\$40.00
Towels			20	\$3.00	\$60.00
Sharps Container	Medco	40408	3	\$4.85	\$14.55
Cleaning supplies, Miscellaneous			1	\$200.00	\$200.00
hark cutter	Medco	76440	7	\$8.50	\$59.50
scissors 7"	MBM	ZBS07	3	\$4.80	\$14.40
iris scissors-straight	Medco	75460	3	\$2.25	\$6.75
Super Pro Scissors	MBM	PRO11	2	\$34.00	\$68.00
Paper Towel Dispenser	School Health	90-125	1	\$49.95	\$49.95
Dial Soap Dispenser, Liter	School Health	90-000	1	\$7.25	\$7.25
Hamper	MBM	BRW33395-1	1	\$107.00	\$107.00
Hamper Bags	MBM	BRW31331	1	\$18.00	\$18.00
Trigger Sprayer Bottles, Quart	Medco	21420	5	\$1.65	\$8.25
Knee Braces	Medco		6	\$30.00	\$180.00
Shoulder Stabilizer	Medco		2	\$118.00	\$236.00
Elbow Supports	Medco		5	\$8.00	\$40.00
Wrist Braces	Medco		4	\$15.00	\$60.00
Fingers	Medco		10	\$7.15	\$71.50
Dispatch, Spray Bottle 32 oz	Medco	40410	2	\$13.95	\$27.90
Cramer Osi Protective Pad Kit	Medco	13520	1	\$575.00	\$575.00
Miscellaneous Supplies/Emergency Fund					\$2,000.00

Total Equipment Budget

\$24,572.99

Woodshop class projects

Step Up Boxes, 4, 6, 8, 10, 12" heights

Slant board, 4' long 20 degree incline

Wish List

Traction System, TX-15 (table,unit,accessories)	Chatanooga		1	\$7,229.00	\$7,229.00
Vectra Pro 4 Combo Unit	Chattanooga	8350	1	\$7,995.00	\$7,995.00

Booster requests

Earpiece with push to talk microphone for radios	Medco	61323	5	\$24.99	\$124.95
Adapta treatment table	Chatanooga	ADP300	1	\$2,095.00	\$2,095.00
adapta foot switch purchased with table	Chatanooga	65988	1	\$60.00	\$60.00

\$2,279.95

Info on Included Equipment

AED training unit	Medco	92006	1	\$350.00	\$350.00
First Safe AED biphasic waveform	Medco	92002	1	\$3,250.00	\$3,250.00
Software starter kit, FREE	Medco	92003	1		
Soft-sided carrying case	Medco	92004	1	\$125.00	\$125.00
Emergency Oxygen	Medco	51014	1	\$393.25	\$393.25
Talk About 250 Radios	Medco	61320	15	\$99.95	\$1,499.25
Scotsman Modular Flake Ice Machine	MBM	FME 800/HTB	1	\$4,169.00	\$4,169.00
Cybex Fitron Bike	Cybex		1	\$1,800.00	\$1,800.00
Cybex UBE	Cybex		1	\$2,800.00	\$2,800.00
5 drawer File Cabinet, letter size	Staples		1	\$307.00	\$307.00

\$14,693.50

Low End Supply Budget

NAME	Company	Item #	QUANT	COST	TOTAL
1 1/2" Coach tape	Medco	84020	35	\$38.50	\$1,347.50
2" lightplast tape	Medco	84792	10	\$45.95	\$459.50
1" elastoplast	MBM	BF4412	4	\$54.95	\$219.80
3" elastikon	MBM	JJ5171	4	\$52.00	\$208.00
1/2" zonas tape 24 rolls/bx	Medco	85400	5	\$12.80	\$64.00
1" zonas tape 12 rolls/bx	Medco	85420	5	\$12.80	\$64.00
1" elastikon tape 12 rolls/bx	Medco	84400	6	\$14.95	\$89.70
Heel and lace pads	Medco	63540	5	\$15.80	\$79.00
Flexi-wrap w/handle	Medco	17880	2	\$27.50	\$55.00
Flexi-wrap no handle	Medco	17890	1	\$26.95	\$26.95
Ace-wraps--4"(dz)	Medco	36360	1	\$11.40	\$11.40
Ace-wraps--6"(dz)	Medco	36370	1	\$17.40	\$17.40
Double wraps--4" 6/bx	MBM	CONO3841	1	\$29.95	\$29.95
Double wraps--6" 6/bx	MBM	CONO3861	1	\$44.95	\$44.95
Ace wraps 2"	Medco	39602	5	\$1.70	\$8.50
Ace Wraps 3"	Medco	39603	5	\$2.30	\$11.50
1" strip bandages 1300/case	Medco	21048	1	\$39.00	\$39.00
4-wing bandages 50/bx	Medco	10559	3	\$9.95	\$29.85
knuckle bandages 100/bx, 1200/case	Medco	20480	1	\$77.75	\$77.75
cover-strips 1/4" 50 pouches of 6	Medco	20580	1	\$61.60	\$61.60
cover-strips 1/8" 50 pouches of 8	Medco	20590	1	\$61.60	\$61.60
Butterfly closures 100/bx (Medium)	Medco	20380	1	\$6.45	\$6.45
2nd skin(circles)	MBM	SM10-603	1	\$33.00	\$33.00
Shark cutter blades	Medco	76340	7	\$2.85	\$19.95
Disposable penlites	Medco	61460	1	\$7.35	\$7.35
7 oz paper cups 100/bx	MBM	ZCP77	10	\$4.50	\$45.00
Ice bags, 750/roll 1.25 mil, 12"x24"	Medco	29622	8	\$61.70	\$493.60
Gauze pads--3x3 (100)	Medco	35260	15	\$5.70	\$85.50
Telpha pads, non adhesive 3"x4" 100/bx	MBM	ZGP15	2	\$10.10	\$20.20
Telpha pads, adhesive 3"x4" 100/bx	MBM	ZGP30	5	\$9.95	\$49.75
Nose plug Dispenser	Medco	10590	1	\$12.95	\$12.95
Nose plugs, 2000/bx	Medco	10664	1	\$19.95	\$19.95
Tongue depressors, 500/bx	MBM	ZTD02SR	1	\$5.75	\$5.75
cotton-tipped applicators, 100/bx	MBM	ZAP01	5	\$0.75	\$3.75
Foam	Medco	63460	3	\$8.30	\$24.90
Bacitracin, 4oz tube	Medco	68390	8	\$5.10	\$40.80
Skin Lube 5 lb jar	Medco	59160	3	\$24.00	\$72.00
Kleenex case of 36 boxes 100/bx	Medco	65601	1	\$39.65	\$39.65
Latex gloves M	MBM	PRY62002	3	\$6.95	\$20.85
Latex gloves L	MBM	PRY62003	3	\$6.95	\$20.85
Pre wrap, M-wrap 48 rolls	Medco	92080	5	\$24.95	\$124.75
Peroxide(16oz) case of 12	Medco	33905C	1	\$9.15	\$9.15
Peroxide(8oz) case of 12	Medco	33904C	1	\$7.15	\$7.15
Swede-O Trim Lok ankle braces M	Medco	15137	10	\$17.25	\$172.50
Swede-O Trim Lok ankle braces L	Medco	15138	10	\$17.25	\$172.50
Swede-O Trim Lok ankle braces XL	Medco	15139	10	\$17.25	\$172.50
Swede-O Trim Lok ankle braces S	Medco	15136	10	\$17.25	\$172.50
Tuf-Skin 10 oz	Medco	12390	5	\$6.00	\$30.00
De-hesive Spray 8 oz	Medco	86020	1	\$7.40	\$7.40
Tape Remover Pint	Medco	86120	2	\$6.00	\$12.00
Maximum Strength Flexall 1 lb dispenser	Medco	13175	2	\$14.30	\$28.60
heragesic 1 lb bottle	Medco	13410	2	\$8.45	\$16.90
Biofreeze 32oz dispenser	Medco	29203	2	\$26.70	\$53.40
AED Training electrodes	Medco	92007	1	\$25.00	\$25.00
AED Electrodes	Medco	92009	1	\$32.00	\$32.00

Dispatch 64oz refill	MBM	CMS568973	1	\$12.75	\$12.75
Isopropol Alcohol, 12 16oz bottles/case	Medco	33901C	10	\$9.95	\$99.50
Paper Towels, 150/pack 16 packs/carton	School Health	21-135	3	\$39.95	\$119.85
Dial Soap Dispenser Refills, liter	School Health	34-054	2	\$7.25	\$14.50
Tampax Tampons, 40/bx	MBM	ZTN080	2	\$6.65	\$13.30
Lotex Thin Super Maxi Pads, 22/bag	School Health	22-012	4	\$6.15	\$24.60
Electrodes, stim 2x2 4/pack	Medco		20	\$6.40	\$128.00
Ultrasound Gel, 5L with 8oz dispenser	Medco	71670	1	\$20.95	\$20.95
Biohazard Bags, 24"x24" 250/case	Medco	10528	1	\$7.85	\$7.85
Biohazard Bags, 24"x33" 250/case	Medco	10565	1	\$10.30	\$10.30
Paraffin Refills, case of 6 6lb bars	Medco	49121C	1	\$127.50	\$127.50
I-Prin, box of 500	Medco	69150	1	\$26.65	\$26.65
APAP-Extra Strength, Box of 500	Medco	68245	1	\$18.85	\$18.85
Diotame Tablets, box of 500	Medco	68900	1	\$45.95	\$45.95
Diamode tablets	Medco	70663	1	\$22.95	\$22.95
Sudodrin, box of 1000	Medco	70020	1	\$35.50	\$35.50
Diphen, box of 200	Medco	68825	1	10.95	\$10.95
Cepacol Lozenges. Case of 648	School Health	44-034	1	\$38.50	\$38.50
Heat Guard	Medco	38410	1	\$17.95	\$17.95
FosFree, Bottle of 500	Medco	38510	1	\$44.90	\$44.90
Disposable Scalpels, Sterile #10 blade (10/bx)	School Health	36-037	3	\$8.95	\$26.85
Moleskin Rolls, 2"x 25yd	School Health	29-053	2	\$18.50	\$37.00
Orthoplast II	Medco	80356	1	\$185.00	\$185.00
Temper Stick Foam, case of 50	KGM	TS-500	1	\$159.00	\$159.00
Felt, variety pack	School Health	29-060	2	\$10.50	\$21.00
Alcohol Prep Pads, 200/bx	Medco	57500	3	\$2.75	\$8.25
Betadine Swabs, 200/bx	School Health	49-024	1	\$32.95	\$32.95
Saline Solution, 12 oz	School Health	34-121	1	\$3.95	\$3.95
Sting Kill Swabs, 10/bx	School Health	49-008	2	\$1.95	\$3.90
Hydrocortisone cream 1%, 1oz tube	MBM	ZHC01	2	\$2.35	\$4.70
Vaseline Intensive Care Lotion, 24.5 oz pump	Medco	94200	2	\$8.35	\$16.70
Palmer's Cocoa Butter 7.25 oz	Medco	69003	1	\$7.20	\$7.20
Office Supplies				\$150.00	\$150.00
Miscellaneous Supplies				\$100.00	\$100.00
Emergency Fund				\$1,000.00	\$1,000.00

Total Supply Budget

\$7,663.35

Equipment Budget, Low End

Item	Catalog	Catalog #	Unit	Price/Unit	Total Price
Whitehall Mobile Extremity Whirlpool tool	Seneca Medical	805051	0	\$2,085.00	\$0.00
GE Refridgerator & Freezer	Staples	UNC-211-S	2	\$58.00	\$116.00
10-gal Coolers (Gatorade)	School Health	15-002	1	\$460.00	\$460.00
7-gal Coolers(gatorade)	Medco	73103	4	\$49.95	\$199.80
5-gal Coolers (Gatorade)	Medco	73060	8	\$41.95	\$335.60
3-gal Coolers (gatorade)	Medco	73102	4	\$31.50	\$126.00
Water bottles (gatorade)	Medco	73021	8	\$24.95	\$199.60
Water bottle rack (gatorade)	School Health	38-081	100	\$1.50	\$150.00
Rubbermaid Utility Cart	Medco	21105	20	\$9.00	\$180.00
Ice Chests (gatorade)	Medco	23220	1	\$193.75	\$193.75
Bailey Treatment Tables	School Health	38-085	4	\$30.00	\$120.00
Utility Carts (Modality Carts)	Medco	83572	4	\$433.00	\$1,732.00
TENS Unit	KGM	359	1	\$157.00	\$157.00
Intelect Legend Combo Unit	Medco	71685	1	\$115.00	\$115.00
Intelect Soundhead 2cm	Medco	7550	1	\$3,150.00	\$3,150.00
Aircast, right	Active Athlete	250006	0	\$221.00	\$0.00
Aircast, left	MBM	AC02A	3	\$32.95	\$98.85
Aluminum Crutches, adult	MBM	AC02A	3	\$32.95	\$98.85
Aluminum Crutches, tall	MBM	CAR23200	3	\$22.00	\$66.00
Slings, large (dz)	MBM	CAR23100	3	\$22.00	\$66.00
Sam splint	Medco	16460	1	\$48.60	\$48.60
Rapid vaccum splints	Medco	33524	2	\$13.30	\$26.60
Cryo/cuff full--ankle	MBM	CR013491	1	\$318.00	\$318.00
Cryo/cuff full--shoulder	Medco	29305	1	\$106.50	\$106.50
Cryo/cuff knee M	Medco	29322	1	\$119.75	\$119.75
Cryo/cuff knee L	Medco	29320	1	\$62.50	\$62.50
Hydrocollator, M2	Medco	29319	1	\$62.50	\$62.50
Terry Cover rack For Hydrocollator Covers	Medco	48400	1	\$1,150.00	\$1,150.00
Terry Covers for Hot Packs, Standard	Medco	23260	1	\$50.40	\$50.40
Neck Contour cover	Medco	48940	8	\$32.00	\$256.00
Neck Contour Hot Pack	School Health	37-044	2	\$23.25	\$46.50
Wooden Crutches, x-tall	School Health	37-001	2	\$15.25	\$30.50
Cervical Collars	Medco	33385	2	\$22.65	\$45.30
Foam Collars, short	School Health	41-161	2	\$11.95	\$23.90
Foam Collars, tall	Medco	62125	2	\$8.15	\$16.30
Tape Measures	Medco	62120	2	\$8.60	\$17.20
Digital Sling Psychrometer	School Health	90-280	1	\$3.50	\$3.50
Thermo-hygrometer Pen	Medco	68520	1	\$85.65	\$85.65
Plastic Goniometer	Medco	68522	1	\$42.95	\$42.95
Medic-Kit Three Cuff System (BP)	Medco	87700	1	\$21.60	\$21.60
Digital Thermometer	Medco	50018	0	\$113.00	\$0.00
Probe covers (100)	Medco	88000	1	\$8.45	\$8.45
Snellen Eye Chart	School Health	21-051	1	\$2.90	\$2.90
Tuning Forks (C-256)	Medco	87570	0	\$8.60	\$0.00
Reflex Hammer	Medco	88110	1	\$10.80	\$10.80
Medco Filled Instrument Kit	Medco	87780	1	\$3.50	\$3.50
Callous File	Medco	19155	1	\$42.75	\$42.75
Ring Cutter	Medco	41300	1	\$4.00	\$4.00
Nail Drill	Medco	75730	1	\$12.50	\$12.50
toenail Clippers	Medco	75360	1	\$37.00	\$37.00
fingernail Clippers	Medco	76480	5	\$1.55	\$7.75
Trainers Angel	Medco	75340	10	\$1.05	\$10.50
FM Extracter	Medco	47615	1	\$33.50	\$33.50
	Medco	56879	1	\$125.99	\$125.99

Emergency Shears	Medco	75744	1	\$29.95	\$29.95
Health-O-Meter Scale	School Health	58-008	0	\$285.00	\$0.00
Plastic Ice Scoops	Medco	73010	1	\$6.20	\$6.20
Elgin Cuff Weights Economy Set w/rack	Medco	93710	1	\$320.00	\$320.00
Elgin Cuff Weights 7 1/2#	Medco	93600	1	\$20.50	\$20.50
Elgin Cuff Weights 10#	Medco	93610	1	\$24.70	\$24.70
Three Tier Dumbbell Weight Rack	Medco	93000	1	\$95.00	\$95.00
Vinyl Coated Dumbbells 1#	School Health	61-135	2	\$3.50	\$7.00
Vinyl Coated Dumbbells 2#	School Health	61-136	2	\$4.50	\$9.00
Vinyl Coated Dumbbells 3#	School Health	61-137	2	\$5.75	\$11.50
Vinyl Coated Dumbbells 4#	School Health	61-138	2	\$7.00	\$14.00
Vinyl Coated Dumbbells 5#	Medco	93775	2	\$8.50	\$17.00
Vinyl Coated Dumbbells 6#	Medco	93731	2	\$9.60	\$19.20
Vinyl Coated Dumbbells 7#	Medco	93732	2	\$11.00	\$22.00
Vinyl Coated Dumbbells 8#	Medco	93733	2	\$13.00	\$26.00
Vinyl Coated Dumbbells 9#	Medco	93734	2	\$14.25	\$28.50
Vinyl Coated Dumbbells 10#	Medco	93735	2	\$17.00	\$34.00
BAPS Board	Medco	71066	1	\$433.55	\$433.55
Progressive Incline Board	Medco	71346	0	\$172.50	\$0.00
VHI Exercise & Rehab RX Kit	Medco	71082	1	\$199.95	\$199.95
Closed Chain Section (Cards)	Medco	71083	1	\$59.95	\$59.95
Portable Treatment Tables	Medco	83260	1	\$318.75	\$318.75
Knee Immobilizers, 18.5 inch length	Medco	54525	1	\$29.95	\$29.95
Knee Immobilizers, 20 inch length	Medco	55890	1	\$29.95	\$29.95
Knee Immobilizers, 24 inch length	Medco	55900	1	\$36.75	\$36.75
Professional Exercise Table (N-K table)	Active Athlete	320345	1	\$1,335.00	\$1,335.00
Oakworks Swivel Stools, Hi Range	Oakworks		2	\$95.00	\$190.00
PlyoBack, package II	Medco	55016	1	\$775.00	\$775.00
Digi-Flex set of 5	MBM	ROYA39710	1	\$68.45	\$68.45
Pro Fitter	MBM	PROFITTER	1	\$479.00	\$479.00
Thera-Band Exercise Balls, Red	Medco	71075	0	\$19.10	\$0.00
Thera-Band Exercise Balls, Green	Medco	71076	1	\$24.00	\$24.00
Thera-Band Exercise Balls, Blue	Medco	71077	1	\$29.30	\$29.30
Thera-Band Hand Exerciser, Yellow	Medco	91891	0	\$6.50	\$0.00
Thera-Band Hand Exerciser, Red	Medco	91892	0	\$6.50	\$0.00
Thera-Band Hand Exerciser, Green	Medco	91893	1	\$6.50	\$6.50
Thera-Band Hand Exerciser, Blue	Medco	91894	1	\$6.50	\$6.50
Theraputty, Yellow	Medco	91355	0	\$3.95	\$0.00
Theraputty, Coral	Medco	91365	1	\$3.95	\$3.95
Theraputty, Blue	Medco	91375	1	\$3.95	\$3.95
TheraBand 50yd/roll, Red	School Health	61-007	1	\$57.95	\$57.95
TheraBand 50yd/roll, Green	School Health	61-008	1	\$63.95	\$63.95
TheraBand 50yd/roll, Blue	School Health	61-009	2	\$71.95	\$143.90
TheraBand 50yd/roll, Black	School Health	61-010	2	\$78.95	\$157.90
TheraBand 50yd/roll, Silver	School Health	61-011	1	\$100.95	\$100.95
TheraBand 50yd/roll, Gold	Medco	91510	1	\$135.80	\$135.80
TheraBand Tubing 25 ft/bx, Red	Medco	91660	0	\$10.50	\$0.00
TheraBand Tubing 25 ft/bx, Green	Medco	91670	0	\$11.50	\$0.00
TheraBand Tubing 25 ft/bx, Blue	Medco	91680	0	\$12.50	\$0.00
TheraBand Tubing 25 ft/bx, Black	Medco	91690	0	\$14.00	\$0.00
TheraBand Tubing 25 ft/bx, Silver	Medco	91695	0	\$16.50	\$0.00
Step Up Box 12 inch height	High School				
Parafin Bath	Medco	49100	1	\$187.80	\$187.80
Plastic First Aid Kits			15	\$15.00	\$225.00
MedBrief	MedPac		0	\$149.90	\$0.00
Telephone, 2-line, cordless	Staples		0	\$140.00	\$0.00
Prone Pillow	KGM	4206	1	\$76.00	\$76.00
Unlabeled Sundry Jars	Medco	31120	10	\$9.20	\$92.00

Pillows, Standard			4	\$10.00	\$40.00
Pillowcases			8	\$5.00	\$40.00
Towels			20	\$3.00	\$60.00
Sharps Container	Medco	40408	3	\$4.85	\$14.55
Cleaning supplies, Miscellaneous				\$100.00	\$100.00
hark cutter	Medco	76440	5	\$8.50	\$42.50
scissors 7"	MBM	ZBS07	2	\$4.80	\$9.60
iris scissors-straight	Medco	75460	2	\$2.25	\$4.50
Super Pro Scissors	MBM	PRO11	1	\$34.00	\$34.00
Paper Towel Dispenser	School Health	90-125	1	\$49.95	\$49.95
Dial Soap Dispenser, Liter	School Health	90-000	1	\$7.25	\$7.25
Hamper	MBM	BRW33395-1	1	\$107.00	\$107.00
Hamper Bags	MBM	BRW31331	1	\$18.00	\$18.00
Trigger Sprayer Bottles, Quart	Medco	21420	5	\$1.65	\$8.25
Knee Braces	Medco		4	\$30.00	\$120.00
Shoulder Stabilizer	Medco		0	\$118.00	\$0.00
Elbow Supports	Medco		2	\$8.00	\$16.00
Wrist Braces	Medco		2	\$15.00	\$30.00
Fingers	Medco		5	\$7.15	\$35.75
Dispatch, Spray Bottle 32 oz	Medco	40410	2	\$13.95	\$27.90
Cramer Osi Protective Pad Kit	Medco	13520	1	\$575.00	\$575.00
Miscellaneous Supplies/Emergency Fund					\$1,250.00

Total Equipment Budget

\$18,944.89

Woodshop class projects

Step Up Boxes, 4, 6, 8, 10, 12" heights

Slant board, 4' long 20 degree incline

Wish List

Traction System, TX-15 (table,unit,accessories)	Chatanooga		1	\$7,229.00	\$7,229.00
Vectra Pro 4 Combo Unit	Chattanooga	8350	1	\$7,995.00	\$7,995.00

Booster requests

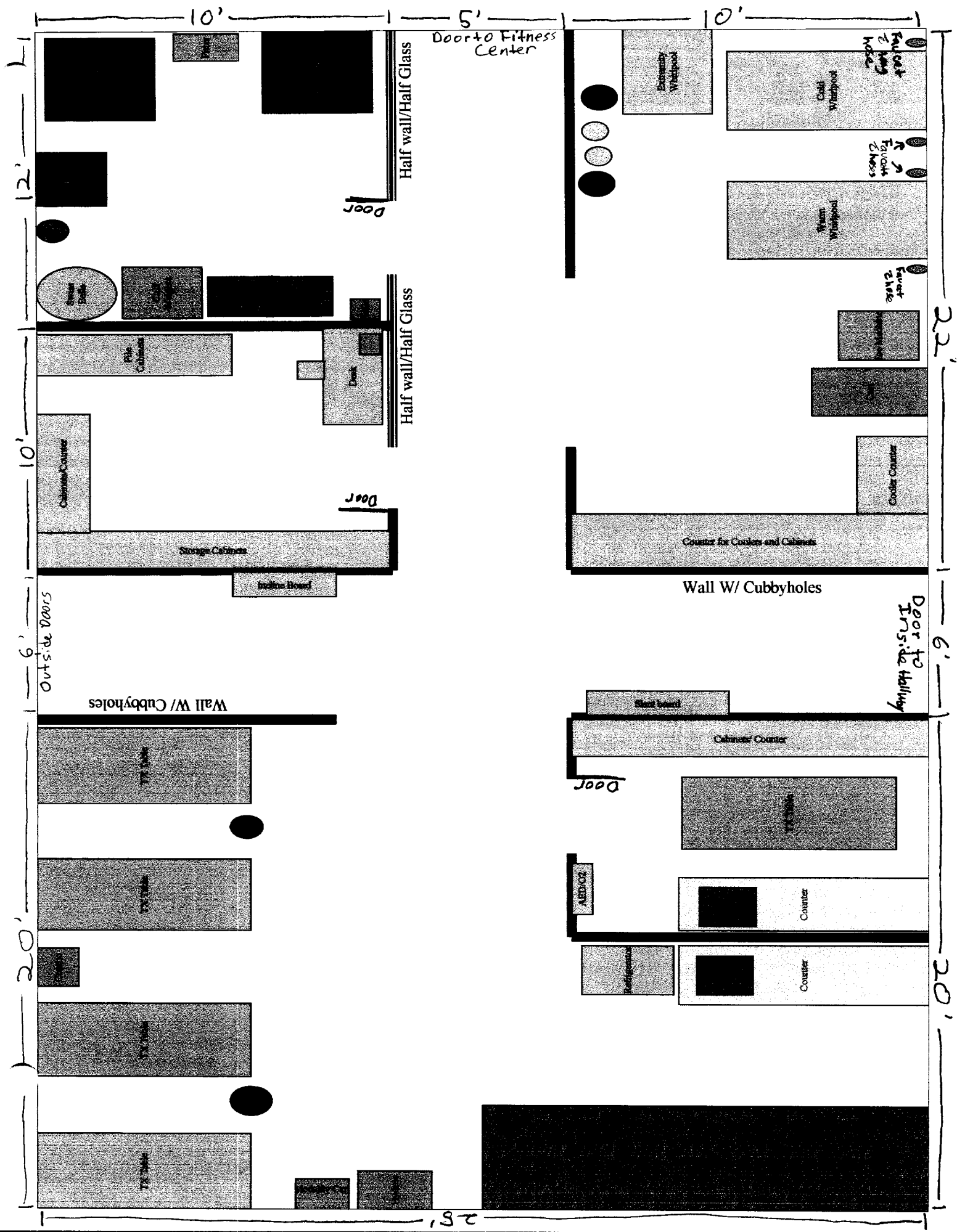
Earpiece with push to talk microphone for radios	Medco	61323	5	\$24.99	\$124.95
Adapta treatment table	Chatanooga	ADP300	1	\$2,095.00	\$2,095.00
adapta foot switch purchased with table	Chatanooga	65988	1	\$60.00	\$60.00

\$2,279.95

Info on Included Equipment

AED training unit	Medco	92006	1	\$350.00	\$350.00
First Safe AED biphasic waveform	Medco	92002	1	\$3,250.00	\$3,250.00
Software starter kit, FREE	Medco	92003	1		
Soft-sided carrying case	Medco	92004	1	\$125.00	\$125.00
Emergency Oxygen	Medco	51014	1	\$393.25	\$393.25
Talk About 250 Radios	Medco	61320	15	\$99.95	\$1,499.25
Scotsman Modular Flake Ice Machine	MBM	FME 800/HTF	1	\$4,169.00	\$4,169.00
Cybex Fitron Bike	Cybex		1	\$1,800.00	\$1,800.00
Cybex UBE	Cybex		1	\$2,800.00	\$2,800.00
5 drawer File Cabinet, letter size	Staples		1	\$307.00	\$307.00

\$14,693.50





Introduction to the Forms Used in the Dante Dean Memorial Training Room

The Dante Dean Memorial Training Room uses a variety of different forms. This includes a group of forms that each athlete is required to fill out each year. These forms include an assumption of risk form, a medical history questionnaire, insurance information form, authorization for the release of medical information forms, and a form to certify the accuracy of previous information and release of West Side High from responsibility from any preexisting medical condition. We also use a orthopedic history questionnaire and an orthopedic exam form.

Other forms that are used include a summary injury report, an additional information sheet, injury referral forms, evaluation forms, an exercise log, progress notes, individual ultrasound, ultrasound/stim combo, and electrical stimulation treatment logs, daily treatment logs, daily and weekly injury report forms, and physical and travel cards.

The following pages include examples of each of these forms that are used in the Dante Dean Memorial Training Room.



*West Side High School
Dante Dean Memorial
Training Room*



Each year the following group of forms is required to be filled out by every athlete at West Side High School. These forms are used to gather information about the athlete's health status and insurance information. There are also forms related to the assumption of risk of sports participation. Other forms concern the authorization for release of medical information to the sports medicine staff and to the media. The last form asks the athlete to certify that all the previous answers are correct and adds a reminder of the release of West Side High from responsibility from any preexisting medical condition.



West Side High School Dante Dean Memorial Training Room



Athletic Department Medical History Questionnaire

For Athletic Season _____

Please read and complete this form carefully. This form is intended to reveal a complete medical history. All information will be kept confidential.

Date: _____ Sport: _____ Number of years played this high school sport: _____

Name: _____

(First)

(Middle)

(Last)

(Nickname)

Birthdate: _____ Age: _____ ID# _____ SS# _____

Address: _____ Home Phone: (____) _____

Persons(s) to notify in case of emergency (Parent, Guardian, or Spouse):

Name: _____ / _____ (relationship)

Phone: _____ (work) _____ (home)

Name: _____ / _____ (relationship)

Phone: _____ (work) _____ (home)

Name: _____ / _____ (relationship)

Phone: _____ (work) _____ (home)

Name: _____ / _____ (relationship)

Phone: _____ (work) _____ (home)

Medical History

Please be as specific as possible and answer every line

Personal Disease & Illness History: Do you have or have you ever had any of the following medical conditions?

	N	Y	DATE		N	Y	DATE		N	Y	DATE
APPENDICITIS				THYROID DISEASE				"FAINTING SPELLS"			
ATTENTION DEFICIT				MIGRAINES				SIGNIFICANT WT. GAIN			
ARTHRITIS				CHEST PAIN W/ EXERCISE				SIGNIFICANT WT. LOSS			
ANEMIA				CARDIOMYOPATHY				MONONUCLEOSIS			
DIABETES				ANOREXIA				SEIZURES			
EPILEPSY				BULIMIA				ABDOMINAL PAIN			
HAY FEVER				ANAPHYLAXIS				KIDNEY TROUBLE			
SICKLE CELL				POLIO				ULCER			
ASTHMA				OSTEOMYELITIS				CHEST TIGHTNESS			
CHRONIC COUGH				RHEUMATIC FEVER				COLITIS			
PNEUMONIA				SCARLET FEVER				LYME DISEASE			
BLADDER				FREQUENT HEADACHES				HEAT ILLNESS			
HEART MURMUR				FAINTING DURING EXERCISE				SLEEP WALKING			
WHEEZE/COUGH AFTER EXERCISE											

Gynecological History

The following questions concern problems that are unique to women. This form is intended to provide a complete medical history.

	N	Y	DETAILS
IS YOUR MENSTRUAL CYCLE REGULAR?			
IS YOUR MENSTRUAL CYCLE IRREGULAR?			
(A) HAVE YOU EVER SEEN A PHYSICIAN FOR THIS?			PHYSICIAN'S DIAGNOSIS:
(B) WAS MEDICATION PRESCRIBED?			TYPE OF MEDICATION:
HAVE YOU EVER MISSED 2 OR MORE PERIODS IN A ROW?			
HAVE YOU EVER TAKEN MEDICATION FOR MENSTRUAL PAIN?			TYPE OF MEDICATION:
HAVE YOU EVER EXPERIENCED PAIN DURING OVULATION?			
HAVE YOU EVER HAD A PELVIC EXAM?			
HAVE YOU EVER HAD A PAP SMEAR?			
HAVE YOU HAD ANY TYPE OF GYNECOLOGICAL SURGERY?			
HAS A PHYSICIAN EVER PRESCRIBED ANY TYPE OF HORMONAL MEDICATIONS?			TYPE OF HORMONE: REASON:

Allergies

Indicate which of the following, if any that you are allergic to and/or have experienced a reaction to:

	NO	YES	SPECIFY		NO	YES	SPECIFY
ASPIRIN				ICE			
PENICILLIN				TAPE			
ANY FOODS				ADHERENT			
				ADHESIVE			
				TAPE			
INSECT STINGS				OTHERS			

Do you have any of the following?

Do you have any of the following?

	NO	YES	DATE		NO	YES	DATE
UNCORRECTED VISION				GUM DISEASE			
DETACHED RETINA				BRIDGE			
PARTIAL BLINDNESS				FALSE TOOTH			
HARD CONTACTS				BITE PLATE			
SOFT CONTACTS				MOUTH GUARD TO PLAY			
GLASSES				EAR TROUBLE			
OTHER EYE DISORDER				POOR HEARING			
BROKEN NOSE				PUNCTURED EAR DRUM			
BRACES				RINGING IN EARS			
CROWN				"SWIMMERS EAR"			
RETAINER				THROAT IRRITATION			

Optical Wear

	NO	YES
DO YOU WEAR GLASSES DURING ACTIVITY?		
IF YES, ARE THEY SAFETY GLASSES OR GOGGLES?		
DO YOU WEAR YOUR LENSES FOR ACTIVITY?		
DO YOU OWN AN EXTRA PAIR OF LENSES?		
ARE YOU NEARSIGHTED?		
ARE YOU FARSIGHTED?		

Medication

Are you currently taking any medication on a regular basis? (Include all over-the-counter and prescription drugs)

	NO	YES		NO	YES
ASPRIN			VITAMINS		
IBUPROFEN			MENSTRUAL CRAMP MEDICATION		
INSULIN			IRON		
ACNE MEDICATION			CALCIUM		
BIRTH CONTROL PILLS			ALLERGY MEDICATION		
OTHER (OVER-THE-COUNTER)			ACETAMINOPHEN		

Prescription Medications

Please indicate the type of *prescription* medication in the chart below. Indicate yes or no if taken regularly.

TYPE	REASON	NO	YES

Orthopedic- General

Do you have or have you ever had any of the following?

	NO	YES	RIGHT	LEFT	DATE	SPECIFY
CONCUSSION						
SKULL FRACTURE						
HOSPITALIZED FOR HEAD INJURY						
RUPTURED DISK						
WHIPLASH						
PINCHED NERVE						
OSGOOD-SCHLATTER'S DISEASE						
CHONDROMALACIA						
BONE GRAFT						
SPINAL FUSION						
STRESS FRACTURE						

	NO	YES	DATE	SPECIFY
HAVE YOU EVER WORN A BRACE, SLEEVE, ETC. ON EITHER KNEE?				
DO YOU HAVE PINS, SCREWS, STAPLES, OR OTHER METAL IMPLANTS ANYWHERE IN YOUR BODY?				
HAVE YOU SEEN A CHIROPRACTOR FOR ANY INJURY?				
DO YOU HAVE ORTHOTICS?				
DO YOU USE THE ORTHOTICS DAILY?				

Orthopedic- Specific

Have you injured any of the following body parts? *Please note left or right.*

	NO	YES	DATE	TYPE OF INJURY (SPRAIN, STRAIN, FRACTURE, ETC.)
FOOT/ ARCH				
ANKLE				
SHIN (LOWER LEG)				
KNEE				
THIGH/ GROIN				
HIP				
BACK				
SHOULDER				
ELBOW/ FOREARM				
WRIST/ HAND/ FINGERS				
NECK				

Orthopedic Surgery

Have you had surgery on any of the following body parts? *Please note left or right.*

	NO	YES	RIGHT	LEFT	DATE	SURGERY (TYPE)	PHYSICIAN
FOOT/ ARCH							
ANKLE							
SHIN (LOWER LEG)							
KNEE							
THIGH/ GROIN							
HIP							
BACK							
SHOULDER							
ELBOW/ FOREARM							
WRIST/ HAND/ FINGERS							
NECK							

Other surgery?

Please list dates and physicians.

Family History

Does anyone in your *IMMEDIATE FAMILY* (parents, brothers, sisters, grandparents, uncles or aunts) have a history of any of the following?

	NO	YES	FAMILY MEMBER	AGE OF ONSET
HEART ATTACK BEFORE AGE 50				
HEART DISEASE BEFORE AGE 50				
NON-TRAUMATIC SUDDEN DEATH				
SEIZURES				
MARFAN SYNDROME				
MITRAL VALVE PROLAPSE				
CARDIOMYOPATHY				
ANY OTHER HEART PROBLEMS BEFORE AGE 50				

Other conditions:

Do you require any special accommodations or considerations for any existing conditions? If so, please explain.

The questions on this questionnaire have been answered completely and truthfully, to the best of my knowledge.

Signature _____ **Date** _____

Signature of parent/guardian if athlete is under age 18:

Signature _____ **Date** _____



West Side High School Dante Dean Memorial Training Room



Insurance Information

Athlete's Name _____ SS # _____

Home Address _____

Date of Birth _____ Home Phone () _____

Name of Family Physician _____

Phone Number _____

Father/Guardian's coverage for athlete: (Primary or Secondary)

Name _____ SS # _____

Home Address _____

Employer's Name _____

Employer's Address _____

Home Phone () _____ Work Phone () _____

Insurance Company Name _____ Phone () _____

Mailing Address for Claims _____

Policy/ID # _____

Mother/Guardian's coverage for athlete (Primary or Secondary)

Name _____ SS # _____

Home Address _____

Employer's Name _____

Employer's Address _____

Home Phone () _____ Work Phone () _____

Insurance Company Name _____ Phone () _____

Mailing Address for Claims _____

Policy/ID # _____

I hereby certify that the answers provided on this form are true, complete, and correct to the best of my knowledge. And, I affirm that I have received the letter stating West Side High School's athletic insurance policies and procedures, and acknowledge that I understand my responsibilities regarding medical claims.

Date

Signature of Parent (s) / Guardian (s)

Date

Signature of Student / Athlete

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I do hereby authorize any insurance company, hospital, physician, or other person who has attended or examined the claimant to disclose, when requested to do so, all information with respect to any injury, policy coverage, medical history, consultation, prescription, or treatment, and copies of all hospital medical records. A photocopy of this authorization shall be considered as valid as the original.

Date

Signature of Parent (s) / Guardian (s)

Date

Signature of Student / Athlete

AFFIDAVIT OF NO INSURANCE / NO COVERAGE FOR ATHLETE

I, the undersign, state that:

1. I have no insurance, or any type of accident and health plan under which _____ is covered
2. I agree that, should it be determined at a later date that I have collectible coverage, I will reimburse West Side High School any collectible amount.

Date

Signature of Parent (s) / Guardian (s)



West Side High School Dante Dean Memorial Training Room



AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize the release of any and all information regarding any medical treatment received by me for injury or illness while participating in interscholastic athletics at West Side University to the West Side High School Athletic Training staff. I expressly authorize communications between the head Athletic Trainer, or any designated member of the Athletic Training staff, and team physicians at the Memorial Health and Sports Medicine Center, or any other physician or health care professional regarding my physical condition as it relates to my participation in interscholastic athletics. I also authorize the Athletic Training staff to release said information to my coach for the purpose of informing them of my playing status.

This authorization is valid until and unless revoked by me in writing.

A photocopy of this authorization shall be considered as valid as the original.

NAME _____ DATE _____

S.S. # _____ DATE OF BIRTH _____

SIGNATURE _____ SPORT _____

WITNESS _____

Signature of parent/ guardian if athlete is under age 18:

SIGNATURE _____ DATE _____

WITNESS _____



West Side High School Dante Dean Memorial Training Room



AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION TO THE MEDIA

I hereby authorize the head Athletic Trainer, or any other designated member of the Athletic Training staff, and my head Coach to release medical information regarding any injury or illness as it pertains to my playing status, to the West Side High School Sports Information Department, and other media, with the understanding that the information may be made public.

This authorization remains valid until and unless revoked by me in writing.
A photocopy of this document shall be considered as valid as the original.

- I authorize the above stated release of information to the West Side High School Sports Information Department, and to other media.

SIGNATURE: _____ DATE: _____

- I **DO NOT** authorize release of information to the West Side High School Sports Information Department and to other media.

SIGNATURE: _____ DATE: _____

If the student-athlete is under age 18, his/her parent or legal guardian must sign in the appropriate space below:

- I authorize the above stated release of information to the West Side High School Sports Information Department and to other media
for _____.

SIGNATURE: _____ DATE: _____

- I **DO NOT** authorize the above stated release of information to the West Side High School Sports Information Department and to other media.

SIGNATURE: _____ DATE: _____



West Side High School Dante Dean Memorial Training Room



ASSUMPTION OF RISK

Participation in the sport of _____ requires an acceptance of risk of injury. West Side High School has taken reasonable precautions to minimize the risk of significant injury by providing competent coaching and instruction, well-maintained equipment and facilities, proper conditioning, and good medical care.

The chances of an athlete sustaining a catastrophic sports injury are extremely remote, yet understand that serious injuries can happen to anyone. Participation in your sport could result in death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury to virtually all internal organs, and serious injury or impairment to all other aspects of your body, general health, and well-being.

Use of special protective equipment may be required or recommended for your sport. Be advised that there is no piece of equipment guaranteed to completely protect you from all injuries. Do not use equipment that is defective in any way!

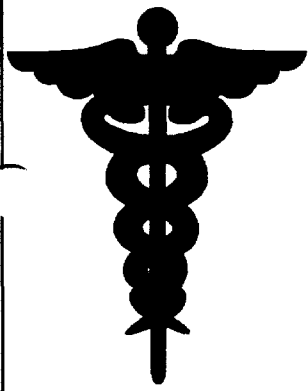
Student athletes should feel free at any time to discuss with coaching or athletic training staff concerns about procedures in the athlete's particular sport that may include a greater risk of injury (i.e., headfirst slides, difficult dives, etc...).

I have read and understand the statements contained in this warning. As a member of the West Side High School _____ team, I accept the risk of injury associated with interscholastic sports.

DATE _____ SIGNATURE _____

Signature of parent/guardian if athlete is under the age of 18:

DATE _____ SIGNATURE _____



*West Side High School
Dante Dean Memorial
Training Room*



The undersigned, herewith,

- A. Understands that he/she must refrain from practice or play during medical treatment until he/she is discharged from treatment or given a written permit by the attending physician to resume participation.
- B. Certifies that the answers to these questions are correct and true.
- C. Fully realizes that West Side High School cannot be held responsible for any previous medical condition(s) that he/she might have.

SIGNATURE: _____
(Athlete)

DATE: _____

SIGNATURE: _____
(Parent/Guardian, if under 18)

DATE: _____

Upon completion of this history form, it is to be reviewed and signed by a staff athletic trainer.

SIGNATURE: _____
(Athletic Trainer)

DATE: _____

30 degrees Flexion

Neg. 1+ 2+

Neg. 1+ 2+

ACL/PCL

Lachman

Drawer

Pivot Shift

Right

Neg. 1+ 2+

Neg. 1+ 2+

Neg. 1+ 2+

Left

Neg. 1+ 2+

Neg. 1+ 2+

Neg. 1+ 2+

ROM

normal /abnormal

normal/abnormal

Patella

apprehension, crepitus

COMMENTS:

.....
PHYSICIAN'S SUMMARY / X-RAY EXAMINATION:

() CLEARED () NOT CLEARED

PHYSICIAN: _____



West Side High School Dante Dean Memorial Training Room



ORTHOPEDIC HISTORY QUESTIONNAIRE

Circle the following answers to the best of your knowledge.

1. Have you had or do you now have any other medical problems or injuries not previously reported?

YES

NO

2. Do you have any medical or health problems that you are currently receiving medical treatment for?

YES

NO

3. Is there any reason that you are not able to participate in athletics?

YES

NO

4. Are there any additional health problems you would prefer to discuss privately with our team physician?

YES

NO

If any of the first three questions above were answered with YES, please explain below:

List any special protective equipment you require:



Summary Injury Report

Name: _____ Date started West Side H. S. (Semester/Year) _____

Sport: _____

Include: Date, Site of injury, Type of injury, Time lost, other important information

Previous injuries (before WSHS) _____

West Side High School injuries:



West Side High School Dante Dean Memorial Training Room



Injury Referral Form

Athlete's Name _____ Sport: _____ Date: _____
Address: _____ Phone: _____
Location: _____ Time: _____ Injury? (check one) ☐ old ☐ new
Referred to : _____
Description of injury: _____

Treatment: _____

Signed: _____

Remarks: _____

Diagnosis: _____

Treatment: _____

Physician's Signature _____

White Sheet – Physician's copy
Yellow Sheet – Health Center copy
Pink Sheet – Training Room copy

Dante Dean Memorial Training Room

Evaluation Form

Name_____

Sport_____

Position/Event_____

Injury Date_____

Date Reported_____

Activity_____

Body Part_____

Mechanism_____

HISTORY:_____

INSPECTION_____

PALPATION_____

ROM/STRENGTH_____

SPECIAL/STRESS TESTS_____

FUNCTIONAL EXAM_____

IMPRESSION_____

PLAN_____

EVALUATOR_____

Injury:

Name: _____

Codes: IE = Initial Eval NS = No Show C = Cancel D/C = Discharge

[illegible][illegible]

Dante Dean Memorial Training Room

Progress Notes

[illegible]

[illegible]

[illegible]

[illegible]

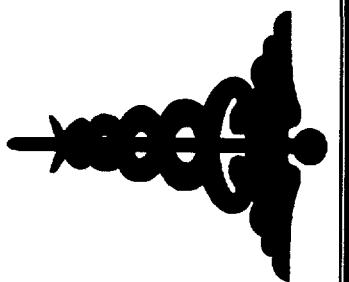
Dante Dean Memorial Training Room

Injury Codes

SP=Sprain TN=Tendonitis PTF=Patellofemoral
 ST=Strain BR=Bursitis CN=Conditioning
 Fx=Fracture C=Contusion R=Rehab
 D/S=luxation/sub MS=Muscle Spasm
 N=Neurological CC=Concussion ILL=Illness
 WC=Wound Care O=Other

Daily Treatment Log

Date	Name	Area	Sport	Code	Physician	Evaluation	Tape	Ice bag	Ice Massage	Slush	Cold Whirlpool	Cyrocuff	Contrast	IFC	EMS	Probe	Stim/US Combo	Ultrasound	Hot Pack	Warm Whirlpool	Paraffin	Massage	Stretching	Theraband	Manuals	EX Protocol	Bike	Stairmaster	UBE	Cybex	Weights	Other
					</																											



West Side University
Dante Dean Memorial
Training Room

DAILY INJURY REPORT

[illegible]



WEEKLY INJURY REPORT

[illegible]



West Side High School Dante Dean Memorial Training Room



WEST SIDE HIGH SCHOOL ATHLETIC PHYSICAL CARD

NAME _____ SPORT _____ DATE _____

AGE _____ HEIGHT _____ WEIGHT _____

B/P _____ PULSE _____ BF% _____

EYES RT. _____ LT. _____	CORRECTED RT. _____ LT. _____	PERTINENT PREVIOUS HISTORY: ALLERGIES:
--------------------------------	-------------------------------------	---

E.N.T.	HEART/LUNG	ABDOMEN/HERNIA	ORTHOPEDIC
--------	------------	----------------	------------

OTHER/COMMENT/RESTRICTIONS

I hereby authorize that this athlete may compete fully in his/her sport unless otherwise noted above.

PHYSICIAN'S SIGNATURE _____ DATE _____

WEST SIDE HIGH SCHOOL TRAVEL CARD

NAME _____ SPORT _____

Age _____ Birthdate _____ SS # _____

Local Address _____ Phone _____

Parent's Name _____ Phone _____

Home Address _____

In case of emergency notify: _____

Allergies _____

Medications _____

Circle which apply: heart murmur diabetes epilepsy contacts retainer
Metal implants

Pertinent Medical History: _____

Insurance Co: _____

Policy Holder: _____

Group # _____ Policy # _____



West Side High School Dante Dean Memorial Training Room



ADDITIONAL INFORMATION SHEET

DATE: _____ SPORT: _____
NAME: _____ ID.# _____
BIRTHDATE: _____ HOME ADDRESS: _____
PHONE: _____ CITY: _____ STATE: _____ ZIP: _____

The following information is needed incase of emergencies or serious injury to aid the school in notifying your next of kin (parent/ guardian or spouse).

NAME OF RELATION: _____ RELATIONSHIP: _____
ADDRESS (HOME): _____ PHONE: () _____
CITY: _____ STATE: _____ ZIP: _____
ADDRESS (BUSINESS): _____ PHONE: () _____
CITY: _____ STATE: _____ ZIP: _____
RELIGION: _____

References Used

Active Athlete Catalog, 2000.

Athletic Training List Serve

Ball State University Student Athletic Trainer Handbook.

High School Athletic Training List Serve

MBM Sports Medicine Supplies and Equipment 2000 Catalog.

Medco Sports Medicine Catalog, Spring/Summer 2001.

School Health Sports Medicine Catalog 2000-2001.

Staples Special Orders Catalog, 1999.